

Drexel University Full-Time Employees 2021 Monthly Health Plans Contributions

Medical Coverage Level	Keystone Point of Service					
	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)
Employee Only	\$438.44	\$95.51	\$533.95	\$74.43	\$41.67	\$116.10
Employee + Child	\$572.69	\$151.85	\$724.54	\$196.58	\$66.24	\$262.82
Employee + Children	\$736.66	\$160.75	\$897.41	\$289.17	\$70.11	\$359.28
Employee + Spouse/Domestic Partner	\$862.90	\$219.74	\$1,082.63	\$291.01	\$95.85	\$386.86
Family	\$1,139.31	\$282.12	\$1,421.43	\$399.30	\$123.07	\$522.37

Medical Coverage Level	Personal Choice PPO - Basic Option					
	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)
Employee Only	\$606.19	\$95.51	\$701.70	\$217.16	\$41.67	\$258.83
Employee + Child	\$514.31	\$151.85	\$666.16	\$720.68	\$66.24	\$786.92
Employee + Children	\$508.69	\$160.75	\$669.45	\$1,138.12	\$70.11	\$1,208.23
Employee + Spouse/Domestic Partner	\$726.03	\$219.74	\$945.77	\$1,126.47	\$95.85	\$1,222.32
Family	\$1,026.87	\$282.12	\$1,308.99	\$1,443.20	\$123.07	\$1,566.26

Medical Coverage Level	Personal Choice PPO - High Option					
	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)
Employee Only	\$564.92	\$95.51	\$660.43	\$380.85	\$41.67	\$422.52
Employee + Child	\$429.37	\$151.85	\$581.22	\$989.22	\$66.24	\$1,055.47
Employee + Children	\$455.16	\$160.75	\$615.92	\$1,436.47	\$70.11	\$1,506.57
Employee + Spouse/Domestic Partner	\$637.51	\$219.74	\$857.25	\$1,490.42	\$95.85	\$1,586.27
Family	\$853.21	\$282.12	\$1,135.33	\$1,984.07	\$123.07	\$2,107.14

Medical Coverage Level	High Deductible Health Plan with HSA					
	Drexel Pays			Employee Pays		
	Medical & Rx	Rx	Total Medical & Rx	Medical & Rx	Rx	Total Medical & Rx
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)
Employee Only	\$465.61	\$0.00	\$465.61	\$41.03	\$0.00	\$41.03
Employee + Child	\$647.35	\$0.00	\$647.35	\$122.19	\$0.00	\$122.19
Employee + Children	\$790.63	\$0.00	\$790.63	\$188.84	\$0.00	\$188.84
Employee + Spouse/Domestic Partner	\$964.50	\$0.00	\$964.50	\$180.83	\$0.00	\$180.83
Family	\$1,264.02	\$0.00	\$1,264.02	\$250.97	\$0.00	\$250.97

Dental Coverage Level	DHMO	CIGNA Base Plan		CIGNA Preferred Plan		
	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$5.22	\$5.22	\$9.29	\$9.82	\$14.63	\$14.63
Employee + Child	\$13.16	\$13.17	\$27.31	\$29.05	\$47.81	\$47.81
Employee + Children	\$13.16	\$13.17	\$27.31	\$29.05	\$47.81	\$47.68
Employee + Spouse/Domestic Partner	\$13.16	\$13.17	\$27.31	\$29.05	\$47.81	\$47.68
Family	\$13.16	\$13.17	\$27.31	\$29.05	\$47.81	\$47.68

Vision Coverage Level	Davis Vision Care	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$2.16	\$2.17
Employee + Child	\$4.99	\$4.99
Employee + Children	\$4.99	\$4.99
Employee + Spouse/Domestic Partner	\$4.99	\$4.99
Family	\$4.99	\$4.99

